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Chemist&Druggist
The Newsweekly for Pharmacy

C&D

15 April 2006

Scotland details public health service specs

NE London LPC and PSNC settle their differences

Avicenna cites time pressure for MUR delay

Exclusive: Sandra Gidley on pharmacy

NEW PHARMACY ONLY LAUNCH FROM NUROFEN

Designed for early relief of migraine

Nurofen Maximum Strength Migraine Pain 684mg Caplets have been specially designed for rapid absorption and targeted migraine relief:

- **Is a first-line treatment, according to NHS migraine protocol[1]**
- **Gastric stasis can quickly block drug absorption in migraine[2,3]; Nurofen Maximum Strength Migraine Pain can be absorbed over twice as fast as standard ibuprofen[4]**
- **Can also help relieve migraine-pain-associated nausea[5]**
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Date of Prescribing Information: January 2006

Information about adverse event reporting can be found at www.yellowcard.gov.uk. Adverse events should also be reported to Medical Information, Crookes Healthcare Ltd. (0115 968 8922).

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1. NHS PRODIGy Guidance – Migraine. http://www.prodigy.nhs.uk/guidance.asp?gt=Migraine
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Public health spec released

Scottish pharmacists will be remunerated for dedicating window space to official health promotion materials, under the terms of their new contract's public health service (PHS), published this week.

The Scottish health department will produce display units for pharmacy windows and/or frontages to support the four six-week health promotion campaigns scheduled to run as part of the PHS. Pharmacists can opt to give up window/frontage space for these campaigns, to be used by the NHS to promote relevant health messages, in return for extra remuneration. The campaigns will focus on national priority areas such as winter campaigns, oral health, smoking cessation, safety in the sun and men's health.

In total, the PHS comprises three core activities:

- A health-promoting philosophy: making health protection and improvement and promoting medicine safety an integral part of pharmaceutical services.
- Health promoting activities: covering participation in the four national campaigns, and giving opportunistic advice.
- Health promoting environment: covering the use of promotional materials to stimulate discussion on health, and areas dedicated to health improvement activities, restrictions on the sale of products which may be injurious to public health (eg tobacco, alcohol), and support for the Smoke Free Scotland campaign.

Frank Owens: pharmacists will be recognised as integral members of the public health practitioner team

Additionally, under the PHS, SEHD has designated the provision of access to emergency hormonal contraception and smoking cessation services as local (additional) services, which can be funded by NHS boards to meet local need.

According to the SEHD, the six objectives of the service are to:

- Promote self-care.
- Make use of windows/frontage and/or display space in pharmacies to promote health.
- Provide access to health information, materials and support.
- Encourage a proactive approach to self-care and health promotion.
- Offer opportunistic interventions to promote health.
- Provide a rolling programme of pharmacy-based health promotion activities.

Commenting on the PHS, due to start in the summer, Frank Owens, SPGC chairman, said: "While both the minor ailments and chronic medication services will provide greater opportunities for improved pharmaceutical care, it is through the PHS that community pharmacists, working in collaboration with other NHS disciplines, will ultimately be recognised as integral members of the public health practitioner team." (*see also p14*).

PRACTICE

Society to assess delivery services impact

The Royal Pharmaceutical Society is to consider the impact of medicines' collection and delivery from central points other than pharmacies.

The work will look at the impact such services have on both patients and the local pharmacy network, and will inform an update of existing RPSGB policy, which is 17 years old.

However, David Pruce, head of the Society's practice and quality improvement directorate, which is co-ordinating the work, said the resulting guidance would not cover all aspects of collection and delivery services, as it was not able to comment on issues such as competition.

The impact assessment was suggested at last week's Council meeting by RPSGB vice-president Gerald Alexander.

Although the Society advised that such schemes only operated in rural areas deprived of pharmaceutical services, there was a risk that they could become common in urban areas. This could damage the existing community pharmacy network, he warned.

Council member Sultan Dajani agreed, saying the Society needed to adopt a policy whereby non-pharmacy collection and delivery services could not be set up for commercial reasons only.

Anyone wishing to start such a service would have to engage the local pharmaceutical committee and also undertake a pharmaceutical needs assessment, he suggested.

PSNC

NE London LPC settles PSNC dispute in £96,000 deal

North East London LPC is to pay £87,340, plus interest of £9,000, in settlement of its long-running dispute with PSNC.

This will cover all payments due to PSNC between April 2002 and December 2003. The LPC is also to pay the first instalment of levy payments for the period May 1, 2006 to September 30, 2006 on the usual payment terms.

The dispute started in autumn 2002, according to information supplied to the independent SHA review of the LPC. This is when the LPC is alleged to have withheld levies payable to PSNC as a protest against failures to take appropriate and timely action in connection with resolutions passed at the LPC conference.

The settlement, announced this Tuesday, covers five areas including the levy payment. They are:

- The parties recognise that their roles and responsibilities are distinct from each other. Both may influence the other but neither may require the other to take a particular course of action. There are agreed and understood ways in which each may influence the other's actions (for example through the LPC conference).
- The parties acknowledge the importance of effective governance arrangements for their organisations. The LPC welcomes PSNC's written clarification of the procedures for dealing with resolutions passed at the PSNC conference. The parties plan to review the lessons emerging from the dispute, and may introduce dispute resolution processes as a result.
- Both parties are committed to working with the NHS to support the development of public health, for example by increasing capacity in community pharmacy for public health practice.
- PSNC welcomes and accepts assurances that remarks that may have been construed as supporting a break away from the PSNC were not so intended.

LPC officers are also to recommend the removal from their constitution of the provision that committee and PSNC expenses are paid at the discretion of committee members.

The NPA and Merck Sharp & Dohme launched a £5,000 award to recognise best practice schemes between community and hospital pharmacists. Winner of last year's award, Richard Lowrie, detailed his success in providing care for patients with heart failure during the launch of the event at the RPSGB's Lambeth headquarters last week (above). The scheme, involving local pharmacies and secondary care specialists, is offered by almost 150 pharmacies in Glasgow and has treated around 400 patients since its formation in March 2005. Mr Lowrie said: "There is a lot of potential for community pharmacists to support patients with long-term conditions. They are like coiled springs ready to extend themselves." Applications are available at www.npa.co.uk and the winner will be announced on November 23 at the NHS Alliance conference in Bournemouth

RPSGB

Supervision and education fuel branch reps debate

by Asha Fowells

Remote supervision, pharmacist training, validity of owings slips and the premises fee are among the topics to be discussed at next month's Royal Pharmaceutical Society branch representatives meeting.

The West Metropolitan Branch agrees with government plans to relax personal control and pharmacy supervision, but says there should be a "one pharmacist, one pharmacy" rule. Further, the responsible pharmacist should only be allowed to be away from the pharmacy if he or she is undertaking professional activities, says the branch.

The British Pharmaceutical Students' Association has put forward two motions. The first pushes for management training to be incorporated into the MPharm undergraduate course, and the second states that pre-registration tutors should be professionally obliged to take on and train a student for the stated period.

The Society should provide guidance over the validity period of owing slips, proposes Harrow & Hillingdon. The branch highlights the anomaly that exists between the validity of prescriptions compared to the apparent timeless nature of an owing slip, and calls for the RPSGB to issue guidance to bring the two in line.

Brighton & District is asking for Council to re-examine the basis for the premises fee. Instead of a flat fee, the amount could be based on the premises size, turnover, items dispensed, opening hours, services offered, or a combination of factors, suggests the branch.

Other motions to be debated at the meeting include:

- Branches to receive funding to run a full programme without resorting to commercial sponsorship – Teeside & District.
- Returned medicines that are in date and in their original packaging should be allowed to be used for teaching – Sunderland & District.
- The Society to consider how to make better use of Fellows' skills and experience – Glasgow & West of Scotland.
- Council to ensure that attendance at BPC is both affordable and attractive to the average pharmacist – Manchester, Salford & Trafford.

ENGLAND

Pharmacist prescribers

The Department of Health has published a 70-page guide to implementing pharmacist and nurse independent prescribing within the NHS in England.

Key areas covered in the document include:

- DH funding for training for independent prescribers.
- Selection of pharmacists to train to prescribe.
- Training programmes and CPD.
- Medicines that can be prescribed including 'off label' use and borderline substances.
- Patient records.
- ADR reporting.
- Legal and clinical liability.

Full details will be published in next week's *C&D*.

Inbrief

Oxygen campaign

C&D has delivered petitions containing a further 778 signatures supporting our Choice in Oxygen campaign to health minister Jane Kennedy. This brings the total to over 4,000 signatures.

Please send any more petitions to us so that we can bring them to the minister's attention, and thank you again for your support.

PSNI fellows

Sheelagh Hillan and Sean O'Hare have been granted fellowships by the Pharmaceutical Society of Northern Ireland. They will be awarded at the PSNI dinner on May 26 in the Great Hall in Queen's University, Belfast. The evening will also see presentation of 50th anniversary certificates.

RPSGB figures

Over 45,000 pharmacists had registered with the Royal Pharmaceutical Society for 2006 as *C&D* went to press.

Of the 45,331 pharmacists, 37,665 members were registered as practising, 4,769 as non-practising and 2,897 as overseas (non-practising in Great Britain). At the same time last year, 44,412 pharmacists were registered – 38,035 as practising and 6,377 as non-practising members.

£5.8m for NI care

Primary and community care services in Northern Ireland are to receive £5.8 million to kick-start plans to build a network of health and care centres and other facilities for the elderly and people with mental health problems or learning disabilities.

Avicenna members cite lack of time for MURs

by Gary Paragpuri

Three quarters of independent pharmacists from the buying group Avicenna have yet to offer medicines use reviews, a survey carried out by the group has revealed.

Over half of respondents cited a lack of time for not taking up the service. A third said they did not have a consultation area and a fifth wanted further training to implement the service, according to the survey (*see panel*).

Salim Jetha: "Once we get our paperwork in order, we will be in a strong position to compete"

Avicenna chairman Salim Jetha said the delay in rolling out advanced services was because independents took time to come to terms with the extra workload associated with implementing the contract's essential services.

"The documentation involved in implementing the contract has had a huge impact in terms of time," he said.

However, he was confident that independents would deliver the contract's services. "Once we get our paperwork in order, we will be in a strong position to compete [with the multiple pharmacy chains]," he said.

Other factors, such as the threat of internet pharmacies, the 100-hour control of entry exemption, and the possibility of a further OFT inquiry into pharmacy, were also concerns for contractors, Mr Jetha suggested.

Concerns around MURs are not limited to the independent sector. At last month's LPC conference, PSNC chairman Barry Andrews said some GPs did not want to be involved in MURs and that some PCTs did not want pharmacists to do them. "In some cases it is deliberate obstructionism from doctors who feel under threat," he claimed.

On a more positive note, Mr Andrews described the growth in the number of MURs as "fantastic", with over 13,500 completed by November last year and about 10,000 pharmacists accredited to carry them out.

Avicenna survey – the key findings

- 75 per cent of respondents have yet to carry out an MUR; 12.5 per cent have done up to 10, 4 per cent between 11 and 20, 6 per cent 20 to 50, and 2.5 per cent 50 to 100.
- 53 per cent cited a lack of time for not doing MURs, 36 per cent a lack of a consultation area, 21 per cent wanted more training, and 10 per cent do not plan to offer MURs.
- 72.5 per cent are optimistic about pharmacy's prospects by 2010.
- 30 per cent believe the government's vision of pharmacy, as the forefront of local healthcare provision, is realistic.
- 58 per cent view England's pharmacy contract as an opportunity.
- 47.7 per cent said a lack of time was an issue in implementing the contract, and 25.3 per cent said a lack of resources.

Avicenna randomly surveyed 80 of its 500 members between March 27 and 29 to gauge their views on the contract and the future prospects for pharmacy.

The Nucare view

Naina Chotai: manage work differently

Time is a key factor when it comes to delivering medicines use reviews, agrees Nucare's professional service manager Naina Chotai.

Pharmacists should consider how they can manage their work differently and use counselling skills more efficiently to deliver the contract's advanced services, Ms Chotai believes. Although Nucare does not hold MUR data for all its members, all 120 Nucare Plus members are accredited to do MURs, said Ms Chotai, and that "pockets of good examples" were emerging.

MURs will also be on the agenda at the Nucare convention on May 6 to 7, where Professor Claire Mackie, from Medway Pharmacy School, will discuss the practicalities of running MURs and how pharmacists can engage customers.

The Numark view

Mimi Lau: the majority are in the middle range

The majority of Numark members have begun to offer medicines use reviews, according to professional services controller Mimi Lau.

Although some have done over 200, the majority are in the middle range where they have done "a few but not near" 200, she said.

Finding time to do them has also been a factor for some members, said Ms Lau. Most pharmacists attending Numark's MUR workshops have already started offering MURs but are looking "to get a bit slicker", she added.

Ms Lau agreed that implementing aspects of the contract, such as clinical governance, had been time-consuming for contractors. Many thus concentrated on meeting the October deadline for the essential services and did not begin MURs until after this.

PRACTICE

Independent hits 200 MURs

A West Midlands pharmacy has rocketed from nought to 200 medicines use reviews (MURs) in under four months.

Strong communication with customers helped Dispharma's Saltley store, near Birmingham, reach the 200 target, said Tariq Iqbal, head of human resources at the independent multiple operator.

"During the construction of the pharmacy's consultation area, staff spoke to customers about the essential and advanced services they would soon be offering. Once we had gained patients' confidence, then MURs increased in popularity," he said.

Dispharma, which runs eight pharmacies in the West Midlands, spent £7,000 on installing a consultation area.

The Saltley store achieved its MUR quota without locum cover, confirmed Mr Iqbal. Instead the company encouraged existing pharmacy staff to take on extra responsibilities.

Dispharma said the government should pay more than the current £23 per MUR fee to pharmacists in the second year of the contract. Payment should be increased to reflect that the company's average MUR took one hour 30 minutes including form filling, claimed Mr Iqbal. **MG**

In brief

OFT pledge

The healthcare market faces fresh scrutiny from the Office of Fair Trading (OFT) during the next year, the watchdog has confirmed in its annual plan. An OFT spokesperson was unable to confirm if control of entry exemptions would be placed under review as part of its plans.

Question time

This week's question:

How far should pharmacists be able to be independent prescribers?

- **Only for certain conditions**
- **In all areas but with a limited formulary**
- **In all areas with a full formulary**
- **Should only be supplementary prescribers**

You have until noon on April 18 to vote at *www.dotpharmacy.com*. We will publish the results in *C&D* on April 22.

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England seeks appropriate outcome to tech regulation

England will do its best to ensure that Scotland reaches an "appropriate outcome" relating to the regulation of its technicians, England's new chief pharmacist has said.

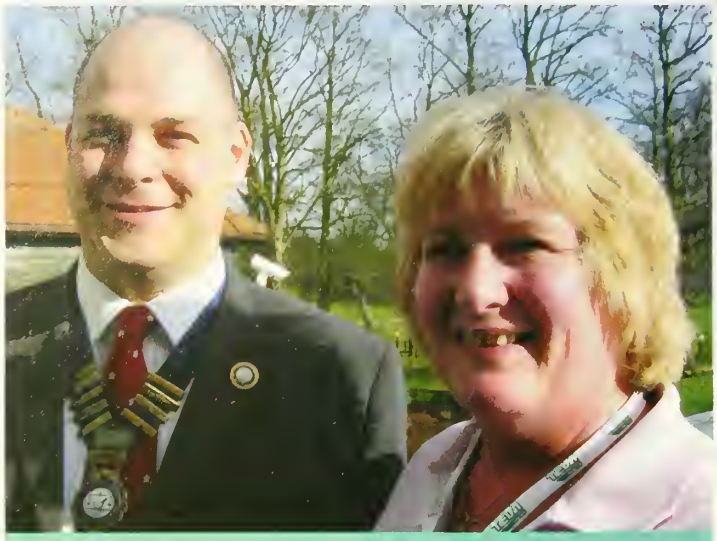
At last week's Association of Pharmacy Technicians UK conference, Keith Ridge acknowledged it was a "pity" that Scotland's technicians were not part of the proposed section 60 changes.

But, he pledged: "We will do our best to ensure that collaboration continues and that we achieve an appropriate outcome."

Outgoing APTUK president Darren Leech told delegates the Association "will not rest" until registration and systems and standards for the regulation of technicians, equivalent to those planned in England and Wales, were in place for technicians in Northern Ireland and Scotland.

"We are assured that a reasonable solution for Northern Ireland is imminent, but at present we have seen little to quell the grave concerns being raised by pharmacy technicians in Scotland," he said.

"We will stand shoulder to shoulder until a pragmatic solution acceptable to both parties is found for the future."



Outgoing president Darren Leech hands over the chains of office to new APTUK president Sarah Wilcox last weekend

APTUK has also written to Scotland's health department in an effort to engage in constructive dialogue. In the letter, Mr Leech asks for further clarification about technician regulation and registration in Scotland, including timescales.

He also points out that similar regulatory arrangements for dental support staff and operating department practitioners have gone ahead on a GB-wide basis.

APTUK also announced an updated strategy at its conference. Its core principles are that the Association:

- Exists to represent, protect and progress the professional interests of pharmacy technicians.
- Remains independent and has no financial or other interest in any other pharmacy or pharmacy employer organisation.
- Aims to support and promote innovation in practice, role development and continuing professional development for pharmacy technicians. **AC**

INDUSTRY

Parallels restrict drug revenue

Parallel traders continue to drain profits from international drugs companies operating in the UK, Boehringer Ingelheim (BI) has claimed.

BI revealed a 17 per cent growth in net sales to €9.5 billion at its annual results in Ingelheim, near Frankfurt, this week. However, parallel imports had restricted UK revenues, Dr Alessandro Banchi, chairman of the board of managing directors at BI, told *C&D* at the event.

"The UK business has performed well, but parallel imports have been a pain.

"These importers are making themselves rich and it's not good for patients. It's a false interpretation of free trade by the European Union and something we cannot do anything about," he said.

BI's ginseng-based brand, Pharmaton, and respiratory medicine, Spiriva, had "made good progress" in the UK, explained Dr Banchi.

The company would also oppose any medicines being switched from Pharmacy to General Sales List during 2006.

"I'm not a fan of GSL. I don't believe if you have wider distribution you have a wider benefit for the patient," he said.

BI also ruled out any plans to merge following rival German firms, Bayer and Schering's proposed pairing.

BI was the 14th largest drugs firm in the world by sales in 2005, according to IMS data. **MG**

LEGAL

Independent prescribing draws closer

The NHS has taken two legislative steps towards independent prescribing by pharmacists.

Statutory Instrument 913 defines a pharmacist independent prescriber, while *SI 915* enables pharmacist and nurse independent prescribers to prescribe from the national formulary.

SI 915 also enables independent nurse prescribers to prescribe from a new schedule of Controlled Drugs, schedule 3A. This contains drugs such as buphenorphine, diazepam and fentanyl.

For more information :

http://www.opsi.gov.uk/si/si2006/20060913.htm and */20060915.htm*

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Prescribing information can be found on the other side

...me save retail parade, pleads pharmacist

by Max Gosney

A Middlesex pharmacist has called on local councillors to approve his plans to rescue a doomed retail parade.

Kishor Ragha, who runs the Vantage pharmacy in Park Parade, Barra Hall Circus wants to buy a neighbouring post office, which is due to close next month. The contractor said local shopkeepers faced bankruptcy unless Hillingdon Council approved his bid.

"If the post office becomes derelict it will attract vandalism and mean the end for the retail parade where we are based. The community wants me to take over the shop and we've a massive petition backing the bid," he told *C&D*.

However, Mr Ragha expected opposition to his plans to convert the post office premises to a consultation area for his pharmacy.

"I'm meeting with the council this week. I want to take it over and introduce an improved array of healthcare services. But there is a member of the council who seems determined to stop me," he said.

Kishor Ragha, outside his pharmacy in Middlesex, wants to buy the neighbouring post office

Hillingdon Council responded that it was "working together" with shopkeepers to ensure the future of the retail parade. Patrick Holmes, estates manager, Hillingdon Council, said: "The council received a letter from a shopkeeper on April 3, in which he asked to buy the parade freehold from the council. The council replied yesterday [April 10], stating that it was not for sale. The council aims to provide local shopping facilities to residents by making retail premises available for lease."

RETAILING

Pharmacy faces closure under flat-building plans

A North London contractor could be forced out of business after local councillors approved the re-development of the retail parade where his pharmacy is based.

Atul Kantaria, who runs the Hill Pharmacy in Swiss Cottage, faces a doubling in rent and relocation to a temporary building under Camden Council backed plans to construct a 76-flat and 5,000sq ft retail complex.

"We've been offered retail space in the development but our rent would rise by 50 to 70 per cent, which would make it commercially unviable," Mr Kantaria, who has been at the pharmacy for 28 years, told *C&D*.

"The building work could take years and we face huge disruption if we take up the temporary accommodation offered by the developer," he added.

Mr Kantaria criticised Camden Council over its decision to give London Merchant Services (LMS) the go-ahead.

"The council should have been more helpful, particularly in our search for an alternative site. The pharmacy staff don't know where we stand and the customers fear they will lose our services. The future is uncertain," he said.

Camden Council confirmed that it had backed the LMS project. Arrangements regarding the relocation of Hill Pharmacy was "a private issue between the pharmacists and planning powers", the council said. **MG**

PRACTICE

Knowsley pharmacies offer men MOTs

Knowsley PCT is funding a pharmacy health check scheme for men as an enhanced service, until further government funding becomes available.

The scheme, which has been running through eight local pharmacies since January, invites men aged 50 to 65 to have a 30-minute blood cholesterol and glucose check, lifestyle assessment and advice session.

Pharmacists are paid £25 for each health check.

Until the end of March, £25,000 worth of government neighbourhood renewal funds have resourced the project. However, the PCT is prepared to use medicines management monies to fund the service as an ongoing enhanced service, until further government funds become available, said Mark Pilling, acting deputy head of medicines management at Knowsley PCT.

Early evaluation of the project has highlighted that around 150 men have had an MOT, of whom:

- 30 per cent claimed not to have used the pharmacy for advice before.
- 50 per cent said they would not have gone to their GP for such a check.
- 100 per cent said they would go back for similar pharmacy-based MOTs.

Mr Pilling said: "The PCT is really keen that men should have regular 'MOTs' like this. Many men do not see their doctor regularly and even when unwell we know from local research that men delay going to their doctor." **AC**

PRACTICE

Lift off for Bradford pharmacy

A team of independent contractors has opened a pharmacy at an £8 million health centre in Bradford.

Local pharmacy operators Hargit Singh of Beachtech Ltd, Anil Phullan of Alice Street Pharmacy and Shabbir Hussain joined forces to run the Manningham Pharmacy at the NHS local improvement finance trust (LIFT) site.

The trio plan to introduce a range of enhanced services including blood pressure services and diabetes testing, revealed Manningham Pharmacy manager Amjad Mahmood.

The pharmacy has issued around 6,000 prescriptions in its first month of business at the Westbourne Green community healthcare centre, added Mr Mahmood.

The centre includes four GP practices.

Pictured from the left are: Shaun Hallett, general manager for LIFT project developers; pharmacy manager Chico; Mawdsley's business development manager John Oakley and pharmacist Amjad Mahmood

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Cross-border script levy

A private firm has set up business on the Welsh border to make money out of 'prescription tourism' as the charge for an item on a Welsh prescription falls.

The firm has been collecting prescriptions from English patients who have to pay £6.65 an item and taking them to Welsh pharmacists, where the charge dropped this month to £3.

Civil servants at the National Assembly in Cardiff say the firm is based near Hay-on-Wye; part of the town and much of its catchment area is in England.

The Welsh are so concerned about 'prescription tourism' that they have tried to stamp it out by ordering that cheap drugs are supplied only for Welsh-issued prescriptions. But loopholes are appearing. Last month, special amendment regulations were rushed through the Assembly to deal with the latest anomaly which had been spotted – patients aged under 25 who get their prescriptions free in Wales. It came into effect three days later.

The regulatory appraisal used to justify the new regulation states: "There is at least one company already in existence whose sole purpose is to dispense English forms through a Welsh pharmacy."

Health minister Brian Gibbons revealed that the financial cost this year of cheaper prescriptions amounts to almost £15 million. He said the Welsh Assembly Government had pledged to abolish prescription charges to resolve health inequalities and prescribing inconsistencies. "We now have legislation in place which means that people entitled to reduced costs are those whose medicines are prescribed by a prescriber contracted to a Welsh local health board, on a Welsh prescription form, and dispensed by a pharmacist in Wales."

A Lancashire pharmacy has reopened following an £80,000 refurbishment. Mark Collins, owner of Barkerhouse Pharmacy in Nelson, Lancashire, said the store now boasts a bright, clean, modern interior, including a private consultation room and a computer system linked to patients' PMR records. The refit was designed and overseen by wholesaler Mawdsleys with the new pharmacy contract in mind. Local MP Gordon Prentice cuts the ribbon with pharmacy owner Mark Collins (right), watched by staff and Mawdsleys representative Michelle Biggs (far right)

WIN £25!

MUR top tips

Send us your top tips on conducting medicines use reviews and we will pay £25 if published.

Tim Richards, of Wisbech:
Talk to your local health professionals.
By talking to my local GPs and nurses, I have received several referrals for patients to take part in an MUR, which reduces the main problem of patient recruitment. With the patient's permission, I have then verbally discussed my findings and action points with the nurse, which has produced more referrals to me for MURs.

Send your top tips to *C&D* at *chemdrug@cmpinformation.com* or fax to 01732 367065 and you could win £25.

EDUCATION

Views on CPD sought

The Royal Pharmaceutical Society is to survey members for their views on continuing professional development.

A "representative sample of the profession" will be asked whether and how they are recording CPD, Peter Wilson, RPSGB post-registration head, told last week's Council meeting. An estimated 50 per cent of practising pharmacists had started keeping a CPD record – including over 16,000 who had logged onto the Society's CPD site – said Dr Wilson, but a more accurate figure was needed.

Other recommendations included making CPD recording simpler and more flexible. The website will be modified to allow entries to be started at any part of the CPD cycle and allow scanned documents to be uploaded into a CPD record; these improvements will be implemented for paper-based recording too. Council agreed a communications strategy to engage members with CPD.

Council also considered whether to introduce self-funded accreditation of continuing education programmes. Professor Stephen Denyer said this would be a move away from CPD, while Martin Astbury said pharmacists preferred undertaking accredited CE as part of their CPD. Council decided against adopting this.

The Society wants views on the principles of pharmacy education and training as part of its Fit for the Future programme. **AF**

RPSGB

Society highlights supply and demand shortfall

The gap between demand and supply and a lack of planning and capacity development among the academic workforce are two major issues facing pharmacy, according to the RPSGB.

Responding to a parliamentary inquiry into workforce needs for the health service, the Society says no central view of workforce demand has been available because the majority of pharmacists work for the private sector and planning data is linked to the business plans of these organisations and therefore commercially sensitive.

Nevertheless, a "significant amount of work is needed to develop a long-term view of workforce needs", particularly as the training pipeline is five years to initial registration and up to 10 years for some specialist and advanced areas of practice, the Society says.

While there are no outward signs that the service is failing to meet patients' expectations, there must be concerns over the safety and sustainability of the emerging picture, the Society says. **JE**

Comment from the Editor

Scotland's contract advantage

A year ago England and Wales heralded a new pharmacy contract, one that was to mark a shift away from payment by volume. But judging by Avicenna's survey, it's fair to say the contract's rollout has not been as smooth as the powers to be had hoped.

That three quarters of those surveyed had yet to offer MURs by the end of March is both startling and unsurprising. For independents, the past year has been a tightrope, as they looked to balance running a business, managing staff, recording CPD, implementing essential services, accrediting themselves and their premises for MURs, while still having a home life.

So as Scotland begins the rollout of its own new pharmacy contract, should contractors there be anxious about what may lie ahead?

Perhaps not. It's impossible to predict the future, but the Scots have made some astute moves and anticipated potential hiccups. The decision to get the IT infrastructure in place before rolling out the contract's services is something that English and Welsh contractors with hindsight may wish they could have had. (CfH may have a different view.)

But what could turn out to be the jewel in the crown, however, is Scotland's public health service for pharmacy. While contractors in England and Wales seek funds from cash strapped PCOs for enhanced services, Scotland has a ready-made avenue for future investment for tackling its health inequalities.

"The pharmacy public health service could be Scotland's jewel in the crown"

In the run up to Easter, which product do you anticipate most having to supply as an emergency?

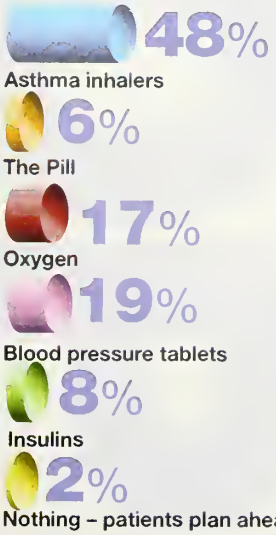
"I'm most likely to supply the Pill"

Atul Kantaria, Camden, London

"Asthma inhalers. People normally rush to get them on weekends, particularly when there's a bank holiday too"

Maureen Mandizha, North Kensington

Our online poll at *www.dotpharmacy.com* said...



Your views

E-mail your views to chemdrug @ cmpinformation.com

Frank Owens discusses Scotland's public health service for pharmacy

The Scottish challenge

Our new contract provides community pharmacy in Scotland with fresh opportunities to assist in improving the health of the Scottish people. We aim to deliver in a number of ways:

1. By providing quality pharmaceutical care for our patients – maximising therapeutic outcomes while minimising the risks of medicines misadventure;
2. By providing support services for our patients, eg smoking cessation; and
3. By the co-ordinated provision of targeted public health campaigns, maximising on the strategic location of our community pharmacy network.

We estimate that around 600,000 people visit community pharmacies in Scotland every day. Many of those are patients, often presenting with a range of conditions, from minor self-limiting illness through to chronic disease.

However, we also see significant numbers of healthy individuals. In many cases, community pharmacy provides what may well be the only readily accessible point of contact such individuals have with the NHS. It is this unique profile that we want to build upon.

While both the minor ailments service and the chronic medication service will provide greater opportunities for improved pharmaceutical care, it is through the public health service that community pharmacists, working in collaboration with other NHS disciplines, will ultimately be recognised as integral members of the public health practitioner team.

There are in total 1,168 pharmacies in Scotland, located in the heart of our local communities, as well as in the high streets of our towns and cities. We want to build on that network, maximising the opportunities for the future, creating a network of readily accessible, community-based, health promoting facilities. That means making optimum use both of our staff and of our pharmacy premises to provide consistent and co-ordinated public health messages.

Frank Owens is chairman of the Scottish Pharmaceutical General Council

Xrayser

TOPICAL REFLECTIONS

In need of some health advice

It took me a while to realise why I felt a little queasy reading last week's issue. It wasn't the pictures of threadworms and head lice, as gory as they were. When I finally got to page 38 it all became clear – my working environment is making me sick.

I'm lucky enough not to have an extreme reaction to prescriptions themselves, as did Bob Dunkley, but the long hours without breaks and general stress of my work are wearing me down. The article was comforting because it reassured me that lots of my colleagues are feeling the same, and a fair number are suffering more than me.

Pharmacy has always had more than its share of drug and alcohol problems and while this must be partly due to easy access to the means, I'm sure it's mainly about stress. The combination of the two has led me to occasionally consider whether just one of 'mother's little helpers' could make life easier. Thankfully I never dipped into the tablet pot, but others have.

We spend at least nine hours every day locked into the pharmacy without a break, concentration levels at 100 per cent for much of that time, isolated from colleagues, and listening to other people's problems. Professions such as psychotherapy have to have regular therapy sessions themselves simply to remain level headed in what can be, let's face it, a fairly depressing environment.

The Society provides help for struggling pharmacists, but it's too late when they are already addicts and about to be removed from the Register. What about a little preventative medicine? Maybe free Indian head massages are out of the question, but a mandatory break from the dispensary isn't. Technology could enable this to happen like lorry drivers' tachometers ensure they stop driving and take a break during long journeys.

We have become victims of our own success, where we are so in demand by the public and our staff that they can't do without us even for a few minutes. Commercial pressures (and don't mention paperwork) mean that we are obliged to make the most of every minute at work.

I applaud the Pharmacists' Defence Association's work in raising the profile of this important issue, but it does seem to clash with its campaign against remote supervision (*C&D, April 8, p12*). Mandatory rest breaks would raise all the issues that Mark Koziol is campaigning against around changes to the supervision rules, particularly reduced access and a two tier system of pharmacies with only one pharmacist and the rest with more than one.

It seems contradictory to support both the PDA's campaigns, so I will plump for better working conditions. After all, I won't be supervising anything if I'm having a nervous breakdown.

Bring me sunshine, and lots of pollen

It's Easter, the daffodils are out at last, our friends in the OTC industry are spending a fortune promoting their hayfever products and I have enough stock to treat a small army of hayfever sufferers. But where's the pollen when you need it?

I'm glad that I'm not entirely at the mercy of the weather to earn a living, but it certainly affects me. While I wouldn't wish illness on anyone, the seasonal ailments make an important contribution to my profits. I'd be struggling without the likes of hayfever, sunburn and winter ailments putting money in the till.

Despite the threats of a serious flu outbreak all winter, it never materialised. The absence of a proper hayfever season on top of that would make a significant dent in my bottom line. I've got lots of lovely recently switched OTC products, my staff are freshly trained in hayfever treatments and there are no patients to treat. I can only hope that excessive Easter egg consumption brings some additional indigestion sales.

Cartoon by Dion Sked

LPC INBOX

A medicines use review review

There has been much debate in many circles about the quality and quantity of MURs delivered by community pharmacists.

We have questions in Parliament as to the value for money, some multiples reducing the service to a playground chant of "We've done more than you have", some GPs and PCTs questioning the perceived benefits and some pharmacists struggling to get accredited, never mind create the time to do them.

The MUR tips in *C&D* are useful and the discussions at the LPC conference plus the planned review of the MUR form are welcome. We have even set up a working group locally to overcome some of the challenges.

The biggest barriers to successful delivery are organisational and communication skills. Marketing the aims and benefits of an MUR to GPs and patients is critical before commencing the service. This is

> **"The solution is in delegating duties"**

not about writing to practice managers or putting leaflets in bags, but about face-to-face clarification of what it is and what it is not. Pharmacists frequently bleat 'I haven't got the time' when asked to deliver a service they committed to, when the solution is in having an appropriate skill mix and delegating duties in the day-to-day operation of the pharmacy practice and within elements of the MUR service itself.

With over 50 per cent of patients not following their prescribed treatment correctly and 50 per cent of hospital re-admissions in the elderly due to poor compliance, this is a service which could contribute enormously to effective and cost-effective patient care.

Written by an LPC officer and pharmacist

CV risk remains in stable patients

Olwen Glynn Owen reports from last month's American College of Cardiology meeting

Stable patients at high risk, or with a past history of, vascular events or peripheral arterial disease, remain at high risk of further events.

The international REACH (Reduction of Atherothrombosis for Continued Health) study in primary care has shown that on one-year follow up of the 67,000+ patients over age 45, overall their risk of cardiovascular death was 1.5 per cent. Patients with a past event had a three-fold higher risk than patients with risk factors alone. And one in eight patients (12.9 per cent) who had polyvascular disease – affecting several rather than one arterial bed – was admitted to hospital for treatment of a vascular event over the course of one year.

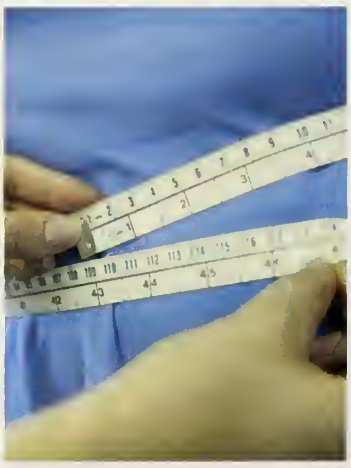
"Event rates were staggeringly high," commented Dr Gabriel Steg of Hopital Bichat-Claude, Paris. "There was a stepwise increase in event rates as a patient's number of affected arterial beds increased," he said. "This ranged from 1.5 per cent among the risk factor only population to 7.1 per cent for those with triple vascular bed involvement."

Four out of five patients were receiving antiplatelet therapy, mostly aspirin, and three quarters were on statins. Half of patients were on beta blockers and ACE inhibitors. "The clinical implications are the need to regard atherothrombosis as a global disease affecting different arterial beds. We need to look at patients as a whole rather than just focusing on their heart, brain or lower limbs depending on their original symptoms," he said.

Measuring waist is better CVD indicator than BMI

Waist circumference is a stronger predictor of cardiovascular disease than body mass index (BMI).

Data from the IDEA (International Day for the Evaluation of Abdominal Obesity) study shows that waist circumference is directly associated with risk of CVD.



"Both BMI and waist circumference were strong predictors of CVD," reported Dr Steve Haffner of the Univeristy of Texas. "However, the association between waist circumference and CVD was stronger than for BMI. The bigger the waist, the stronger the risk of vascular disease."

Commenting on the study, Duncan McRobbie, senior cardiology pharmacist at Guy's and St Thomas' Hospitals, London, said: "Pharmacists are ideally placed to identify patients at risk of CVD who might rarely visit their GP.

"Waist circumference is easy to measure and pharmacists could also offer to assess other cardiometabolic risk factors." Some community pharmacies already check cholesterol, blood pressure and blood glucose. Pharmacies could ask primary care trusts to support such an initiative, he suggested.

Limited benefit of aspirin plus one

Dual antiplatelet therapy (APT) with clopidogrel and aspirin doesn't improve on aspirin alone in protecting patients with multiple risk factors for cardiovascular disease (CVD) against a first thrombotic event.

However, for patients with established stable CVD or symptomatic peripheral arterial disease (PAD), two antiplatelet drugs are better than one.

The findings come from the 15,603-patient CHARISMA (Clopidogrel for High Atherothrombotic Risk and Ischemic Stabilisation, Management and Avoidance) study. Patients were randomised to either clopidogrel 75mg/day or placebo on top of low dose aspirin and were followed for over two years.

Results showed a non-significant 7.1 per cent relative risk reduction in the primary endpoint of heart attack, stroke and CV death among patients (mean age 64) on dual therapy, overall. Among the primary prevention cohort there was no benefit for dual APT; patients in this subgroup experienced more severe bleeding and a significant excess of all-cause and CV mortality.

However, among the 12,153 patients with a history of previous CV events there was a significant 12.5 per cent relative risk reduction in the composite primary endpoint. These patients also showed a significant increase in moderate bleeding requiring transfusion.

Duncan McRobbie, senior cardiology pharmacist at Guys and St Thomas' Hospitals commented: "The primary prevention finding is not surprising. Platelets are of greater importance where disease is severe. If atherosclerotic disease is not particularly evident patients are likely to see more risk reduction from lifestyle measures such as stopping smoking and losing weight."

Duncan McRobbie

Whether prescribing will now increase for secondary prevention in stable patients with prior events is debateable. Dr Marcus Flather, director of clinical trials at the Royal Brompton Hospital and one of the CHARISMA co-ordinators, said: "Selected patients could benefit substantially but CHARISMA is unlikely to change prescribing in the UK."

Impact of rimonabant

Up to half of metabolic improvement seen with rimonabant is attributable to drug rather than weight loss alone.

Xavier Pi-Sunyer of Columbia University, New York, presented pooled data from four clinical trials from the RIO (rimonobant in obesity and related metabolic disorders) program. Rimonabant targets the endocannabinoid system, blocking CB1 receptors expressed in the central nervous system and peripherally in adipocytes, liver, muscle cells and other tissues. Receptors are overactivated in obesity stimulating appetite, increasing food intake, and also influencing lipid and glucose metabolism.

"In the RIO-lipids trial, HDL was consistently increased and triglycerides reduced to a greater extent with rimonabant than with placebo," noted Dr Pi-Sunyer. "For any level of weight loss, rimonabant achieved an additional improvement in lipid profile. In RIO-diabetes, HBA1c was consistently and significantly reduced more by rimonabant."

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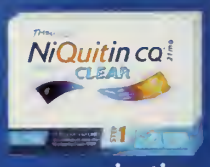

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NiQuitin CQ 21, 14, 7mg Transdermal Patches, NiQuitin CQ Clear 21, 14, 7mg (nicotine). See SPC for full information. Opaque or transparent transdermal patches 21mg, 14mg, 7mg nicotine (Steps 1, 2, 3) for relief of nicotine withdrawal symptoms during smoking cessation. **Dosage:** Adults; ≥10 cigarettes/day; Step 1 for 6 weeks, then Step 2 for 2 weeks, then Step 3 for 2 weeks. <10 cigarettes/day; Step 2 for 6 weeks then Step 3 for 2 weeks. Apply to fresh, clean, dry skin) once daily. **Contraindications/precautions:** Hypersensitivity, cardiovascular disease, severe renal/hepatic impairment, hyperthyroidism, diabetes, phaeochromocytoma, dermatitis. **Side effects:** Local rash, itching, burning, tingling, numbness, swelling, pain, urticaria, heaviness. Depression, irritability, anxiety, nervousness, restlessness, mood lability, drowsiness, impaired concentration, insomnia, sleep disturbance. Allergic reactions, abnormal dreams, nausea, vomiting, dry mouth, GI disturbance, headache, dizziness, palpitations, tachycardia, tremor, dyspnoea, pharyngitis, cough, arthralgia, myalgia, sweating, chest pain, fatigue, malaise, flu-like symptoms. See SPC for full details. **Pregnancy/lactation:** Try without nicotine replacement therapy. Medical assessment of risk/benefit if necessary. GSL **PL** 00079/0347, 0346, 0345, 0356, 0355 & 0354. **PL holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Pack size and RSP:** All strengths 7 patches £17.49; Step 1 only 14 patches £32.95. **Date of revision:** December 2005.

References: 1. ABC of Smoking Cessation 2004, Blackwell Publishing. **2.** TNSG, JAMA, 1991; **266**: 3133-3138.

GlaxoSmithKline
Consumer Healthcare

CPD

This article can help in the following CPD competencies: **G1a, G1d, G1e, G2d, MM3a-g.** A list is available at *www.uptodate.org.uk/home/PlanRecord.shtml*

I'll do what I like...

In the first of two articles on adherence, *Mark Greener* looks at why some patients don't take their medicines. The second article, published next month, will give additional practice based advice

At first sight, non-adherence is irrational. Taking medicines or changing behaviour prevents discomfort, disability and even death. Yet, on average, 40 per cent of patients don't adhere to the management plan offered by their healthcare professional.[1]

Community pharmacies have been called the "way stations" between doctors' surgeries and patients' homes and "a logical and important site" for interventions to improve adherence.[2]

However, making the most of this opportunity means realising that poor compliance isn't necessarily irrational. Many people don't adhere not because they're ignorant, but because they've made a rational choice that maximises their quality of life from their perspective.[1]

As a result, improving adherence means more than offering platitudes to take the complete course or dishing out patient information leaflets. Improving adherence means recognising that patients are autonomous, and being aware of and accepting that their beliefs, even those that seem misplaced from a clinical or scientific viewpoint, are valid to the patient. It means working with patients to modify their misplaced beliefs so that they commit themselves, and adhere to, a course of action.[1]

A common problem

Doctors have long bemoaned patients' reluctance to follow their instructions. In the 1900s, clinicians called consumptives who did not adhere to basic hygiene "deviant", "vicious" and "incorrigible".[2] However, in 1974, a group of clinicians, epidemiologists and behavioural scientists defined compliance as "the extent to which the patient's behaviour (in terms of taking medicines, following diets, or executing other lifestyle changes) coincides with the clinical prescription". By the mid 1990s, the synonym adherence, regarded as less authoritarian, replaced compliance.[2] Concordance is another synonym. These terms are, however, essentially interchangeable.

Over the last 32 years, numerous studies have shown that poor adherence is common. For example, heart failure patients take, on average, only 70 per cent of their medications.[3] As a rule of thumb, around 20 per cent of patients fail to adhere to suggestions to treat acute conditions, such as taking antibiotics. Between 40 per cent and 50 per cent don't comply with regular medication for a chronic condition. More than 75 per cent don't implement lifestyle changes, such as changing diet, reducing alcohol consumption or losing weight.[1]

In many cases, compliance needs to be relatively high to reap the therapeutic benefits. For example, lowering low density lipoprotein (LDL) cholesterol by 1.0 or 1.5mmol/l for five years reduces the number of major vascular events by 23 per cent and a third respectively.[4] However, patients need to take at least 75 per cent of their statin regimen to reduce the risk of cardiac events.[5] As a result, the pervasive problem posed by poor adherence markedly undermines outcomes. Other examples:

- A study of patients who received cancer chemotherapy found that 18 per cent of those complying with antibiotics developed fevers or infections.

Continued on page 20 ▶

[illegible] psychotics [illegible] per cent of [illegible] chlorpromazine regularly relapsed over a year compared with 57 per cent of those who complied irregularly.[6]

Even complying with placebo is associated with improved outcomes. The CHARM study found that high adherence (over 80 per cent) to candesartan or placebo reduced mortality by 35 per cent compared with low compliance in people with congestive heart failure. Outcomes, including the risk of hospitalisation for heart failure, were better in those who adhered to placebo than in those who did not adhere to candesartan. Nevertheless, mortality was lowest in patients who showed good adherence to candesartan.[8,3]

Several studies have confirmed that adherence independently improves outcomes. Adherence may be a marker for compliance with other effective treatments or lifestyle measures, such as smoking cessation or exercise, or could represent a surrogate for the increasing emotional or physical burden imposed by symptoms.[8,3]

Understanding non-adherence

So why is non-adherence so common, given medicines' obvious benefits? Several factors seem to contribute.

Firstly, patients may reject professional advice when the benefits do not seem to outweigh the costs from their perspective, especially in terms of their quality of life.[1] For example, placing babies on their backs in their cots reduces the risk of sudden infant death syndrome but parents may place the child on his or her stomach, accepting the small risk to ensure that the whole family gets a good night's sleep.[9]

Similarly, some people smoke because they perceive the short-term benefit of stress reduction outweighs the long-term damage to their health.[10]

In other words, patients trade costs and benefits, and won't comply if they decide that the cost is too high. Changing these attitudes means working with patients to modify their beliefs in terms that make sense to them. Psychologists call this the "approach-avoidance conflict". When you advise someone to change their behaviour, some aspects are attractive (the health benefits), while other aspects create resistance (giving up the stress relief or suffering side effects). If the attractive features outweigh the unattractive features, the person will adhere. If the negative aspects dominate, the person won't comply.

Secondly, many people feel overwhelmed when facing a serious or chronic disease and may resort to complete denial as a psychological defence to the perceived loss of control over their life. In some cases, non-adherence may allow patients to restore a sense of control in the face of uncontrollable illness and medical treatment.[1] Pharmacists can offer alternatives to non-compliance that help restore the patient's sense of control, such as simple behavioural modifications or stress management techniques.

Thirdly, some doctors still have a controlling, paternalistic attitude. Not following instructions can be a way for the patient to restore the balance of power in the relationship. The relationship between doctor and patient may deteriorate further if patients don't understand the terms used and feel unable to ask questions.[1] Indeed, half of all patients leave their doctor's surgery without being able to recall the doctor's advice.[11]

Pharmacists can empower patients by providing information to help them better articulate their questions at the next consultation.

Finally, a lack of understanding about the disease and its treatment can contribute to non-compliance.[1] Healthcare professionals often underestimate the levels of health illiteracy in their community. For example, a survey of people aged 40 to 70 years found that only a third identified heart disease as the leading cause of death. Most Europeans believed that cancer causes more deaths. Furthermore, only 70 per cent and 51 per cent knew that smoking and high cholesterol were risk factors for heart disease, yet 92 per cent of physicians believed that their patients knew that cholesterol was linked to the condition.[12] Pharmacists can help bridge the educational gap between doctors and patients.

However, a systematic review of studies that aimed to improve adherence in hypertension found that patient education alone was largely unsuccessful.[13] However, the traditional educational approach is held that people act in unhealthy ways from ignorance and will change their behaviour if professionals provide the knowledge.[10] This top down approach to medical education often fails – just consider the number of people who smoke, abuse alcohol or eat unhealthily.

The problem seems to be that patients are not empty vessels waiting to be filled with words of wisdom, and may have competing understandings and beliefs that need addressing before their behaviour alters.[10] In fact, patients want information from their healthcare professional but they rarely receive it in a form that they can understand.[1]

So when patients weigh the doctor's or nurse's advice against what they learn from other sources – including the internet, the experience of friends and family members and their own beliefs – the professional advice may come up short. Patient information needs to be tailored to their individual needs.[1,10]

Improving compliance

A theme emerges from these comments: empowering and involving patients improves adherence.[11] Pharmacists can do much to help patients become informed and willing partners who accept the need for and comply with their medication.

Education is, of course, important. The doctor's verbal instructions can be supplemented with written advice, though these should be personalised and relevant to each patient by, for example, using highlighters or jot

notes in the margins.[11] And you should ensure that patients understand the statistics. A side effect rate of 5 per cent means little to many patients, whereas explaining that one in 20 patients would expect to suffer the side effect is a better approach. Similarly, discussing benefits in terms of preventing deaths is more powerful than talking about saving lives.[9]

Pharmacists should also watch for signs of depression or hopelessness in patients. Passive patients who appear to be uninvolved, unquestioning and obedient are often less likely to adhere than patients who are more argumentative or challenge your views and advice.[1] You should also try to identify possible obstacles. For example, if the patient's self-diagnosis differs dramatically from the doctor's, adherence is unlikely, but simply listening to and addressing patients' concerns may help.[1,11]

Patients with complex problems – such as hypertension, obesity, smoking and diabetes – may leave the doctor's surgery with a list of recommendations including dietary changes, exercise advice and medication.

Pharmacists could help by identifying a single aspect to concentrate on between visits and setting some realistic and specific goals.[11] Focusing on short-term changes – such as cholesterol levels – may be more effective than highlighting the reduced risk of a heart attack over the next 10 years. Cholesterol also offers the benefit of being measurable rather than relatively intangible.[9]

Finally, medicine management under the new contract offers an opportunity to optimise outcomes. For example, patients may adhere better if concurrent drugs are started together, and sympathetic questioning about side effects – such as sexual problems with some antidepressants – may reveal causes of non-compliance.[3]

Pharmacists should also consider whether the formulation is the most appropriate for that patient. A survey of patients presenting to community pharmacists suggested that almost 60 per cent experienced difficulties swallowing tablets or capsules and resulting in 68 per cent opening capsules or crushing tablets. A similar proportion (69 per cent) admitted not taking a product because it proved hard to swallow.[15]

In such cases, healthcare professionals should advise patients to crush tablets or open capsules only when there is no alternative administration route or liquid formulation and with the usual provisos about crushing enteric-coated or delayed release tablets. The lack of other alternatives is relatively rare as liquid formulations, whether ready made or a special, are available for many drugs.

Another effective measure is simplifying dosing. A systematic review of interventions to improve adherence with antihypertensives found that this approach improved compliance by between 8 per cent and 20 per cent.[13]

The factors that drive poor compliance are complex and there is no magic bullet. Indeed, pharmacists may need to work with their community colleagues to implement a number of approaches to improve adherence. Nevertheless, in the final analysis, involving patients closely in decision making, and recognising that non-adherence is not always irrational is the key to enhancing compliance.

Compliance rates in various conditions [17]

Therapeutic area	Mean compliance rate (per cent)	Range (per cent)
Cancer	80	35-97
Thalassemia	79	72-85
Glaucoma	78	76-80
Psychiatry	78	75-83
Hypertension	73	39-93
Infectious disease	74	40-92
Diabetes	73	66-85
Fertility	71	34-97
Cardiovascular diseases (not hypertension)	71	64-93
Epilepsy	70	46-88
Asthma	55	37-92
COPD	51	50-52

Key points

On average, 40 per cent of patients don't adhere to the treatment offered by their healthcare professional.

Pharmacists are ideally placed to improve adherence.

- Numerous factors influence compliance and non-adherence may not necessarily be irrational. Patients may reject a healthcare professional's advice when the benefits do not seem to outweigh the costs from their perspective.
- Involving patients closely in the decisions about their management can improve patient satisfaction, adherence and outcomes.
- Passive patients who appear to be uninvolved, unquestioning and obedient are often the least likely to adhere.
- Medicine management under the new contract offers an ideal opportunity to optimise outcomes. For example, pharmacists should consider whether the formulation is the most appropriate for that patient or whether side effects contribute to poor compliance.

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Mark Greener, a former research pharmacologist, is a freelance writer and journalist and the author of numerous articles and books on health-related issues.

Evidence backs honey dressings, says expert

There is a large body of evidence supporting the use of honey as a dressing for a wide range of wounds, a study has concluded.

Honey research expert Peter Molan of the University of Waikato, New Zealand, analysed the outcomes of 17 randomised controlled trials involving nearly 2,000 patients, five clinical trials involving 97 participants, and 16 animal studies. The latter demonstrated that the healing obtained with honey was not due to a placebo effect, he said.

Summing up, Professor Molan said honey's antibacterial activity provided a moist wound healing environment without the risk of bacterial growth, while its anti-inflammatory properties reduced oedema, exudate and scarring. Furthermore, honey stimulated tissue granulation, debridement and reduced malodour.

He concluded: "Clinicians involved in wound care thus should check what evidence exists for other wound dressing products they may be considering using and weigh this up against the evidence that exists to support the use of honey."

For more information:

Lower Extremity Wounds 5(1); 2006: 40-54

Website provides help with obesity clinics

A website has been set up to help healthcare professionals who are thinking about running weight management clinics.

Produced by the British Meat Nutrition Education Service (BMNES), the site provides information on obesity, nutrition and exercise. It also features a toolkit containing letters, charts, templates and meal plans to help healthcare professionals support patients participating in a weight management programme, based on experience drawn from a number of previous projects.

For more information:

www.weightmanagementguide.co.uk

Cervical cancer vaccine provides long-term protection

A cervical cancer vaccine appears to offer up to four and a half years' protection against the disease, according to new data.

US researchers tested more than 700 women who had received three doses of GlaxoSmithKline's Cervarix vaccine or placebo. The GSK product is active against human papillomavirus types 16 and 18 – the most common HPV types associated with cervical cancer.

More than 98 per cent of women in the vaccine group remained seropositive for HPV16 and HPV18 during the four and a half year follow-up. Furthermore, there was evidence of cross-protection against HPV45 and HPV31 (the third and fourth most prevalent oncogenic HPV strains), effectiveness against persistent and new infections, and the vaccine had a good safety profile.

The authors said their findings "set the stage for the widescale adoption of HPV vaccination for the prevention of cervical cancer". GSK submitted a marketing application for Cervarix in Europe last month, though it was beaten by Sanofi Pasteur MSD, which lodged an application for its HPV vaccine Gardasil last year.

For more information:

www.thelancet.com
www.gsk.com

New breast cancer drug?

The experimental drug lapatinib has shown good results in a study involving breast cancer patients.

A phase III trial evaluating capecitabine (Xeloda) versus capecitabine plus lapatinib has been halted early, due to the success of the latter regimen. The participants were women with refractory advanced or metastatic breast cancer with documented HER2 over-expression and whose disease progressed following treatment with trastuzumab (Herceptin) and other therapies.

GSK announced that it would be filing for regulatory approval of lapatinib – under the brand name of Tykerb – in Europe later this year.

For more information:

www.gsk.com

EC fast track drugs scheme

The European Commission has announced a fast track medicines' authorisation process.

The initiative will allow faster access to new drugs by patients suffering from life-threatening or seriously debilitating diseases, or conditions for which no treatment exists. The rules will also apply to medicines required in response to emergencies such as a bioterrorist attack or influenza epidemic.

Pharmaceutical companies will have to apply for a "conditional marketing authorisation", granted only if an expert committee decides the benefits outweigh the risks. Furthermore, the benefits to public health of making the product available must outweigh the fact that trial data is incomplete. The authorisation will be valid for one year and legally obliges the drug firm to complete safety and effectiveness studies.

Pharmaceutical innovation will be stimulated under the process because pharmaceutical companies will benefit from an earlier return on their investment in a new product, commented the EC.

For more information:

www.tinyurl.com/mcmem

Scriptlines

Grazax tabs

A once-daily immunotherapy tablet for the treatment of grass pollen allergy has been approved for launch in Sweden.

The manufacturer ALK-Abelló says it will now seek licences for Grazax (standardised grass allergen extract) in other countries via the EU mutual recognition procedure. According to the company, the sublingual product is a baseline treatment that induces a protective immune response to reduce and potentially halt the allergic reaction to grass pollen.

For more information:

www.alk-abello.com

Diabetes pack

Roche Diagnostics has introduced an information pack to support glucose testing by patients with diabetes.

Developed in response to patient concerns about the availability of blood glucose testing strips, the resource is the latest in a series of support materials developed by Roche to help patients manage their condition.

Copies can be obtained by calling the Accu-Chek customer care line on 0800 701000.

NutropinAq pens

Ipsen has introduced a replacement programme to

manage the exchange of NutropinAq (somatropin) pens when the batteries expire.

As soon as the letters "bt" blink on the pen's display, patients or healthcare professionals should request a replacement by telephoning 0800 096 4283. The device has been designed to last 24 months from the time of first use, and the low battery indicator is likely to flash after 23 months for about one month. NutropinAq is licensed for the treatment of growth hormone deficiency in adults and children, Turner syndrome and chronic renal insufficiency.

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Fax: +44 (0) 1482 67011

Pepto pink for tummy troubles

Pepto-Bismol tablets have been launched by Procter & Gamble.

The P product is peppermint flavoured and contains bismuth subsalicylate to treat stomach upsets. The tablets should be chewed and, once swallowed, they protect the stomach from irritation, helping alleviate nausea and indigestion. Two tablets are taken every 30 to 60 minutes up to a maximum of 16 in a day.

The product is particularly targeted at women and packs are small enough to fit in a handbag, says P&G. According to a recent survey carried out by Tickbox on behalf of P&G, more than a quarter of women in the UK experience a stomach upset once a fortnight.

Nine out of 10 said they find lower GI problems embarrassing and almost a third tended to keep the condition a secret.

Supporting the launch, PR and media relations activities are planned. The brand has teamed up with *Glamour* magazine for an online initiative spanning eight months.

Its website will carry a banner ad linked to an advertorial which will change each month.

Prices, pack sizes and Pip codes: £3.49 for 12, 268-5576; £5.99 for 24, 312-6836

Procter & Gamble
Tel: 0800 5974040

Keeping teeth clean and white

Listerine Advanced Tartar Control has been launched by Pfizer.

Developed in response to consumers' demands for oralcare products with cosmetic benefits, the mouthwash contains zinc chloride to inhibit tartar buildup and help keep teeth white, says Pfizer.

Available in Arctic Mint flavour, a new flavour for Listerine, the product is being supported by a £3 million promotional campaign with TV advertising running from May until August.

Prices, pack sizes and Pip codes: £2.39 for 250ml, 319-9825; £3.99 for 500ml, 319-9833

Pfizer Consumer Healthcare
Tel: 01304 616161

Pen puts pain in its place

The PainGone Pen from Tower Health has been relaunched.

Now featuring a sleeker design and an easier to press push button, the pen is said to be effective for back pain, migraine, period pain, arthritis, sciatica, osteoporosis, rheumatism, inflammatory conditions and other forms of chronic and acute pain.

Once activated, the pen uses a low frequency charge produced by crystals to stimulate nerve pathways, says Tower, triggering the brain to send endorphins to the site of application.

The company is offering PainGone to pharmacies at £25 when they order three or more.

For more information:

Pip code: 273-0026
Ed Pullen, Tower Health
Tel: 0115 982 3745

Sea-Band sets sail on shelf

A shelf-ready display unit for Sea-Band motion sickness bands has been introduced. It carries six adult and six child-sized packs and is available through leading wholesalers, says Sea-Band.

The non-invasive treatment has no side effects and can be used for morning sickness and other forms of nausea as well as travel sickness, says Sea-Band. The brand claims a 25 per cent share of the travel sickness market.

● Sea Band has appointed Blue Ocean Sales and Marketing as its distributor to the pharmacy sector.

Price: £54.66 (trade); £7.99 each (rrp)

Pip code: 500-7471
Blue Ocean Sales & Marketing
Tel: 01329 228240, *www.sea-band.com*

Simple's secret is out

Simple is promoting its Cleansing Facial Wipes on national terrestrial and satellite television until the end of this month.

When screened last year, the ad generated the brand's highest volume and value shares of 12.7 and 10.5 per cent respectively (*source IRI 52 w/c April 16, 2005*).

Targeting 16 to 34-year-old women with the message that "the secret to great cleansing is Simple", the ad features a girl removing mascara with the wipes. The product's perfume- and colour-free status are conveyed together with its *InStyle* Beauty Award 2006 for best facial cleansing wipe.

The TV campaign is backed by national press activity in women's weekly and monthly glossy magazines.

In all, £1 million is being invested in media promotions for the Simple brand this year.

For more information:

Accantia Health & Beauty
Tel: 0121 327 4750
www.simple.co.uk

Inbrief

Packing it in

Travellers with beauty in mind are the target of the latest launch from Kent Brushes. A nail brush, pumice stone and massager have been created, taking up no more wash bag space than an eyeshadow pot, says the manufacturer.

Price: £1.50

Kent Brushes
Tel: 01442 232623
www.kentbrushes.com

New editions

New editions of three titles in the Family Doctor series have been released. Designed to answer questions patients may not have had time to ask when diagnosed, the updated books are *Understanding Parkinson's Disease, Understanding Arthritis and Rheumatism* and *Understanding Asthma*.

Price: £4.75

Pip code: 232-6999 (arthritis and rheumatism); 232-4184 (PD); 232-4226 (asthma)
Family Doctor Publications
Tel: 01202 668330
www.familydoctor.co.uk

Budget make-up

Active Cosmetics is a new make-up range targeting the budget end of the cosmetics market. With all variants retailing at under £3, the range includes nail enamels, lipsticks, lip glosses, lip liner pencils, eye shadows, eye liner pencils, liquid eye liner, mascara, foundation, face powder and blushers.

Prices: from 99p (lip liner pencil) to £2.79 (foundations)

Rainbow Cosmetics
Tel: 0161 767 7878
www.rainbowcosmetics.co.uk

NEW clinically proven

Full Marks solution

eliminates head lice & their eggs

ONLY 10 MINS APPLICATION TIME

- **toxin free**
- **quick & easy treatment**
- **head lice solution & comb included**
- low **odour**

4 treatments

Leader of the pack

N°1 head lice treatment[1]

It works

Full Marks Solution is clinically proven to eliminate head lice and their eggs quickly and without any chemical smell.

It sells

Full Marks Solution is now Number 1[1], with 20.7%[2] share of the market thanks to our TV campaign and your recommendations.

And it's back on TV in April

Now even more of your customers will hear about this dermatologically tested, fast and effective treatment that's pleasant to use. It's also suitable for asthmatics and children from 2 years.

For more information, talk to your SSL representative or call us on 08701 222 690.

Full Marks is a registered trademark of the SSL group.
Full Marks Solution 100ml (2 treatments) PIP code 312 - S648
Consumer SRP £5.99 Trade £20.49 (traded unit of 6)
Full Marks Solution 200ml (4 treatments) PIP code 312 - S6SS
Consumer SRP £10.99 Trade £37.60 (traded unit of 6)

Ref 1 IRI: Full Marks Solution 100ml 12 w/e 18th Feb '06 all outlets - Unit Sales
Ref 2 IRI: Full Marks Solution 12 w/e 18th Feb '06 all outlets - Value Sales

Please visit our new trade price list at www.ssl-ukpricelist.com
Promotional offers and transfer orders online @Comedis.com

SSL International

SSL International, Venus, 1 Old Park Lane, Trafford Park, Manchester M41 7HA, UK

www.headlice.co.uk

Part of the best-selling Full Marks range: Full Marks Mousse, Full Marks Liquid, Full Marks Lotion

Lil-ets says it with flowers

The Lil-lets brand of non-applicator tampons has been repackaged. Designed to appeal to a younger audience of fashion conscious 19 to 24-year-old women, packs feature a stylised flower design.

Greater prominence has been given to absorbency colour coding to aid recognition on-shelf while the familiar logo and lilac background colour have been retained.

On-pack messages explain the tampons' widthways expanding design and convey their 'best protection' claim, says Lil-lets.

An integrated media campaign will support the new design this summer.

For more information:
Accantia Health & Beauty
Tel: 0121 327 4750
www.lil-lets.com

Deep Heat's a good sport

The Deep Heat range from Mentholaum has been given a new look.

The Deep Heat logo has been updated and the words "Heat Rub" raised and embossed. The WellPatch Deep Heat Patch already features the new look.

The rub, which comes in 35g, 67g and 100g packs, now has extra information on the outer box, making its use in sports injuries clear.

Prices remain unchanged.

For more information:
Pharma Consumer Care
Tel: 01202 314824
NI Prima Brands
Tel: 02890 814700

Shake to shimmer this summer

Rimmel has extended its Sunshimmer self-tan brand.

Instant Face Bronzer sun make-up is moisture enriched and gives a delicate tan with a shimmer, says Rimmel. Instant Tan Sexy Legs sun make-up includes Lycra and gives a smooth finish. Both are available in two shades.

To rejuvenate a dull complexion, Rimmel offers Instant Tan sun make-up for face and body. Said to dry instantly, the product is moisture enriched. Sunshimmer Bronzing Compact Powder offers a portable solution to achieving a natural tan while on the go, says Rimmel. Both products come in four shades. All products wash off with soap and water.

Prices and pack sizes: Face Bronzer £4.99 for 30ml; Sexy Legs £4.99 for 100ml; Face & Body £4.99 for 125ml; Compact Powder £4.99 for 11g
Coty
Tel: 020 8971 1300

Face up to an instant tan

Aqua Flash Bronzer Fresh Self-tanning Water has been launched by Lancôme.

Designed for the face, the product gives instant radiance and natural looking, long-lasting results, says the company. The bronzer is applied with cotton wool to avoid smears. It has a caramel colour and gives results in one hour. The formulation contains lemon extract to sooth, glycerol to hydrate and peach extract to tone the skin.

Also new, Absolue Soleil is a suncare range designed for mature skin. The products protect against UV radiation, ageing, dryness and brown sunspots. As well as the active ingredient – reconstructing bio-network – Absolue contains extracts of wild yam, soy and brown seaweed. The range comprises SPF15, 30 and 50 variants for the face and SPF15 and 30 for the body.

Alongside, the Lancôme Juicy range has been extended. Juicy Tubes Pure is a clear gloss to be worn alone or over lipstick. Juicy Gelée is a limited edition range of seven shades and includes a mini portable lip brush. Juicy Tubes Plump, also a limited edition range, gives lips double the volume. It is available in eight shades and comes in retro style packaging.

From June, Bienfait Multi-vital high potency moisturiser with micronutrients will be available. Said to act like a cosmetic food supplement for the skin, Bienfait Multi-vital combines eight active ingredients to strengthen and hydrate the skin and protect from UV radiation. An SPF15 cream, rich cream for dry skins and SPF30 fluid are available.

Prices: Aqua Flash Bronzer £18.50; Absolue Soleil £37.50; Juicy Gelée £14; Juicy Tubes £13
Lancôme
Tel: 020 8762 4040

Walking sticks come up to date

Switch Sticks is aiming to add a splash of colour to the walking stick sector.

The lightweight aluminium sticks fold into four sections and are supplied with a bag. Four designs – stripes, waves, mosaics and circles – are available incorporating hot pink, bright blue, emerald green and pillar box red.

Price: £24.99
Switch Sticks
Tel: 07810 430594
www.switchsticks.com

TV next week

Abbott Diabetes Care: Freestyle Mini: five, GMTV, Sat

Buscopan IBS Relief: C4, Sat

Cura-Heat Arthritis Pain: All areas except GMTV, Sat

Cura-Heat Back Pain: All areas except GMTV, Sat

Dulco-lax: GMTV

Paramol: All areas

Seabond: All areas

Simple skincare: All areas except GTV, B, G, HTV, CTV, W, TT

TENA Pants: All areas

Voltarol Emulgel P: A

Ymea: All areas except C4, five

PharmaSite for next week: Freederm – Windows, **Freederm** – In-store – **Pepto Bismol** – Dispensary

Pharmacy channel: Scholl Freeze

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

Could you give someone an extra helping?

You can help the elderly avoid malnutrition and stay fit for life

Malnutrition is headline news. In a recent report, 1 in 10 of the over 65s in the community and 6 in 10 of those admitted to hospital were affected.[1,2] The elderly are particularly at risk, because of problems like loss of appetite or lack of self-care.

It's not just their energy and vitality that suffer. Malnutrition can impair mood, mobility, organ functions, immunity, wound healing and recovery from illness or surgery. NICE has issued urgent advice about identifying people at risk,[2] but you can also do something to help – by recommending Complan.

Complan, taken as a food supplement, offers a simple way to help your elderly customers get the balanced nutrition they need to stay healthy. Every serving of Complan provides 250 kcal, with 9g of protein and 35g of carbohydrate. It also contains 50% of the RDA of 11 essential vitamins and up to 40% of the RDA of 6 essential minerals. The Complan range includes drinks, soups and cereal, to make it easy for customers to find appetising options that fit into their daily routine.

So why not give the elderly an extra helping of advice about avoiding malnutrition. Recommend Complan and help them stay healthy, active and fit for life.

Complan® *A healthy boost to nutrition*

For more information about malnutrition visit www.complanfoods.com

References 1. BAPEN (the British Association for Parenteral and Enteral Nutrition) Report December 2005. www.bapen.org.uk 2. NICE (National Institute of Health and Clinical Excellence) Report 21 February 2006 www.nice.org.uk

...e out verrucas and warts

...ica and wart ... has been launched ... SSL.

Said to be as effective as using liquid nitrogen, a single application is all that is needed in most cases. After application the wart or verruca falls off in 10 to 14 days, says SSL.

Persistent cases can be treated up to four times.

Supporting the launch, advertising is running on the Pharmacy Channel. Prior to the advert a programme is screened explaining the treatment and prevention of verrucas. The Pharmacy Channel can be seen in 1,000 pharmacies and 10 million consumers are expected to see the ad. On average, pharmacy customers have to wait in store for six minutes, says the Pharmacy Channel.

National television advertising for the new product is planned.

Price: £11.99

Pack size: 80ml aerosol and 12 applicators
Pip code: 319-8504
SSL International Plc
Tel: 0870 122 2689
www.scholl-footcare.com

Sure to score with TV series

Sure for Men is being supported by a £6.7 million media campaign.

The brand is involved with the *Sure Fans United* series running on ITV1 and ITV2. This factual documentary running for nine weeks looks at football fans' passion for and attitudes to the game. The series will be distributed globally in the run up to this year's World Cup.

Television, press and radio advertising and PR activity is planned. What Sure describes as "the ultimate and unique fan experience" will take place in London this summer.

Limited edition Sure Sport packs carrying the St George's cross are now on shelf designed with football fans in mind.

For more information:
Unilever
Tel: 020 8439 6100

National Condom Week

Durex is giving advance notice of this year's National Condom Week which it hopes to be the most comprehensive yet.

Starting on May 8 to 13, the campaign will continue through the summer, targeting women in the 16 to 24 age range. The theme 'He says, you say' aims to empower young women, helping ensure their partner wears a condom.

Among the campaign material will be posters, postcards, club fliers, condom sampling, a website *www.hesaysyousay.co.uk*, advertising in changing rooms in clothes shops, and a *Let's talk condoms* leaflet. Addressing the perception that condoms' foil wrapping is 'too masculine', deterring women from carrying them in their handbags, Durex will also be repacking condoms.

Media campaigns include support from BBC Radio One and MTV, and there will be celebrity involvement and endorsement from sexual health and young people's organisations, as well as Club 18 to 30. A parliamentary campaign is also planned.

A national Condom Week pack is being sent out to pharmacies as well as retailers, and other health professionals.

For more information:
SSL International Plc
Tel: 0870 122 2689

Colgate professional

Take stock!

Duraphat 2800ppm Fluoride Toothpaste is now available on NHS prescription through pharmacies

Colgate Duraphat 2800ppm fluoride toothpaste is a popular and regularly prescribed medicine by dentists for patients at high risk of dental caries.

It is now available on the Dental Practitioners' Formulary (BNF 51) – as Sodium Fluoride Toothpaste 0.619% DPF.

In 2005 over 2 million tubes of Colgate Duraphat 2800ppm fluoride toothpaste were sold on private prescription. Now that it is available on the dental practitioners' formulary it is anticipated that dentists will prescribe even more of this Prescription Only Medicine to their high risk patients. **So don't miss out!**

Duraphat® 2800ppm
SODIUM FLUORIDE

2800ppm high fluoride toothpaste for daily home use instead of regular toothpaste for patients 10 years and over.

Order Duraphat 2800ppm fluoride toothpaste today through your usual wholesaler.

Product Summary Duraphat 2800 Toothpaste Presentation Toothpaste containing 0.619% w/w Sodium Fluoride (2800 ppm F) **Indications** For the prevention and treatment of dental caries (coronal and root) in adults and children aged [illegible] of age **Dosage and administration** Adults and Children over 10 years of age: use daily instead of normal toothpaste. Apply a 1cm line across the head of a toothbrush and brush thoroughly for one minute both morning and evening. [illegible] use and for best results don't drink or rinse for 30 minutes **Contra-indications warnings** Individuals with known sensitivities should consult their dentist before using. Not to be used in children under 10 years of age. Do not [illegible] **quantities** 75ml tube, duel pack containing 2 x 75ml tubes **Legal category** POM **Product licence number** PL0049/0039 **Recommended Selling Price (including VAT)** 75ml tube £4.99, dual pack containing 2 x 75ml tubes [illegible] holder

An opposing view

Pharmacist and Lib Dem MP Sandra Gidley outlines her concerns over the government's pharmacy agenda

Sandra Gidley, the only qualified pharmacist in the Commons, warns that the proposal for pharmacists to be responsible for more than one pharmacy is a "dangerous road" for the profession to go down.

In her first interview since being appointed to the Liberal Democrat front bench as a health spokeswoman by the Lib Dem leader Sir Menzies Campbell, Ms Gidley says she is opposed to key parts of the NHS *Health Bill* and expresses reservations about the new pharmacy contract in England and Wales.

Asked whether she thinks the contract goes far enough in encouraging pharmacists, she says: "The problem is that PCTs don't have to do anything if they don't want to. Nobody seems to be encouraging PCTs to look at the options available."

Pressed on whether pharmacists should be responsible for more than one pharmacy, she adds: "Absolutely not. It is a very dangerous road for the profession to go down. Our unique selling point is that you have this professional on the high street. While it's good that counter staff and dispensers are all much better trained than when I first qualified, their training doesn't match what we have.

"Sometimes when I used to be in the pharmacy I overheard something that made me unhappy – if you don't have the pharmacist there, you don't have that safety valve. If we are relaxing the rules in any way, the very least we could look at is having core hours when the pharmacist is there and maybe allowing a little bit more flexible time for some of the other services."

Reflecting on what the large pharmacy multiples are interested in, she adds: "That is going to make me popular with the Company Chemists Association!"

Practice based commissioning

Practice based commissioning has a lot to offer, she believes, because local people know their communities and priorities best but she sees problems. "You need wide engagement from the community and there will be problems with commissioning of specialist services which will probably need commissioning at a high level and you need to get that balance right," she says. "There are some GPs who are not interested in commissioning. They want to get on with their job. Some will want to be engaged but others will lag behind."

She sees NHS Lift as a potential threat to pharmacies. "One of the biggest threats at the moment is Lift. It sounds great – you get a spanking brand new doctors' surgery, quite often an amalgamation, and sometimes they try and get a pharmacy involved. But it destabilises the pharmacy network that is already there.

"I think you will see a lot more of these schemes and I think you could see more pharmacies having to close down. If you are a small independent service and you are relocated you might not be able to put up as much money as is required so you go out of business.

"It will favour the big boys who will seize the opportunity to put in a big bid. It seems to be a growing tendency within government to

expect money up front, to ask what can you put into it?"

One of the reasons for grass roots problems, she believes, is that GPs have too much influence over decisions at primary care level. "They are key stakeholders and everyone loves their GP but these days there are many more providers than GPs in primary care. We need to consider them more – not just pharmacists, but various therapists who are rarely consulted."

Divide and rule

Often a lone voice on pharmacy interests in the Commons, Ms Gidley believes pharmacy needs more political clout at Westminster. "Pharmacy has not been good at driving the political agenda. That has to change. There is a plethora of organisations – the NPA, PSNC, AIMp for independent multiple pharmacists, and the new Independent Pharmacy Federation. That needs to be looked at because you can divide and rule."

And the contract? "This is where the problems have arisen. There is an opportunity there. I thought Rosie Winterton [the health minister responsible for pharmacies before Jane Kennedy] was very engaged. The problem was that it was always obvious there would not be too much extra money. With the state of the NHS, there may be fewer pharmacy projects commissioned in the next financial year.

"Also, there is no consistency between programmes, for example four weeks in one PCT on smoking cessation and six weeks in another. It is not difficult to develop services but there is a huge amount of variety."

She thinks the OFT report on greater competition which threatened pharmacies has gone away, but will come back. And there are real problems about holding some companies to the rules that were agreed.

"I have been told of one company operating on 100 hours where you have to go to a hatch and call on the intercom. I don't think that is the most practical way to operate."

She acknowledges it can be 'an uphill task' finding pharmacist cover. "How is it going to be monitored? How are you going to guarantee that you have a pharmacist there? It is quite a task to make sure you have a pharmacist to cover for that period. I think the OFT will come back to this sooner rather than later."

She fears the *Health Bill* could drive a wedge into community pharmacies. "Relaxation of supervision under the *Health Bill* could lead to challenging the pharmacy network. That could be the chink in the armour. Also, it allows ministers to introduce changes by regulations. If ministers introduce things by Parliamentary regulations, you can't amend those as you can a Bill."

But would the Liberal Democrats provide more money? "We have a review [under Vincent Cable, the new deputy leader and shadow chancellor] on finance so we will have to await the outcome."

Lay your cards right

Jörn Runge looks at progress in Europe on the electronic patient card front

The use of electronic data cards, or 'chip cards' in health systems is not that new an idea. Countries such as Belgium, Denmark, Germany, France, Holland, Spain, Italy and Slovenia have all been making progress, some much more convincingly than others.

The real innovation is in the range of applications of these e-health cards, although their functions in some countries go further than just benefiting the health service. Among the pioneers are Austria and Denmark.

Taking Denmark first, the country has issued chip cards to all of its 5.3 million inhabitants. The cards contain the address, family doctor details and a central citizen register number which is the date of birth plus a four-digit cypher. The card is not just necessary to access healthcare, it is also required for buying properties, moving house, borrowing books at libraries and any number of other functions (which makes Denmark a heaven for statisticians).

Key to the Scandinavian system is a central database. This avoids having to retain health data on the chip cards, overcoming technical problems such as limited memory capacity.

Prescriptions, meanwhile, are sent via the internet so the medicine is ready before the patient has reached the pharmacy. A similar system is used by Austria, which also opted to set up a central database.

Austria provided the new e-health card to all of its inhabitants by the end of November 2005 after a five month distribution marathon. The e-card carries the patient's name, date of birth, insurance number and name of health

insurer, while the reverse of the card acts as European Health Card. Medical data is not included.

All 10,700 doctors' practices are equipped with the necessary infrastructure and a broadband network links the public health system. This electronic platform will allow Austria to introduce further health services, such as the electronic prescription and electronic referrals.

At present, up to 426,000 transactions are made via the e-health network every day and the system will be enlarged rapidly. This year will see all Austrian hospitals being connected, while next year pharmacists will be linked up.

While Denmark and Austria have opted for a central database system, countries such as France, Holland, Slovenia, Germany and Switzerland are trying to find ways to store health data on the card.

The German and Swiss version of the e-health card will have a memory area for administrative data, one for emergency data and one for e-prescriptions. On top of this there will be capacity for voluntary data to be added to the patient records and for medication to be recorded. While the German card will carry a photograph of the cardholder, the Swiss one will be equipped with a biometric fingerprint.

But there are still hurdles to get over. In addition to the technical problems there are security worries as well as some debate about whether this is leading to a police state.

There is also the burden of high costs. Germany is forecasting that it will cost €1.4 billion – an underestimate according to the sceptics.

However, supporters of the new system point to Austria's figures. The Austrian Court of Audit calculated that the €116 million project has a payback period of less than three years as there will be savings of €40m to €50m every year. For example, there will be no need to issue up to 42 million sickness certificates on paper, saving administration time in doctors' practices and by the health insurers.

But scepticism is widespread as costs in Germany and Switzerland are rising monthly. Germany has already fallen behind its schedule which intended everyone to have an e-health card from this January along with a countrywide network linking doctors' practices, hospitals, pharmacies and health insurers.

However, some of the federal states, such as Schleswig-Holstein, have recently started tests with around 1,000 patients and dozens of doctors' practices and pharmacies. This is being watched with interest by health officials in Sweden and Norway.

And although Switzerland started tests back in November 2004 with its Carta Sanitara in the urban area around Lugano and involving 2,500 patients, 40 pharmacies, 33 doctors and seven hospitals, the country still has not introduced the new e-health card.

There is also the problem of acceptance by European health professionals as the example of Austria shows. While 86 per cent of the 8.2 million insurants approved the introduction of the Austrian e-card and 79 per cent prefer the card to the old sickness certificates, less than half of doctors are pleased with the new system. Over a third of doctors even prefer the old paperwork.

What seemed to upset doctors most was the additional work during and shortly after the introduction of the new system, as well as the technical problems such as minor system failures due to power fluctuations, and system crashes after initial installations. The high cost of integrating the e-card system into the doctors' software added to their concerns.

As the Austrian system is seen as a slimmed down version of the one Germany and Switzerland are aiming for, observers are predicting even more difficulties and resulting higher cost risks for Berlin and Bern.

In France, which uses a microprocessor chip card called Carte Vitale, service expansion will happen in small steps to lower the risks. While the current card contains only administrative data about the patients or their relatives, the next generation of cards will allow some 'emergency' medical data such as blood type and allergies to be stored.

For the record, Slovenia, which handed out electronic health cards to its two million inhabitants in 2000, is going to follow the French example, rather than face the risks Germany and Switzerland seem prepared to take.

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Contact Amy Turner. Chemist & Druggist (Classified), CMP Information Ltd, Ludgate House, 245 Blackfriars Road, London SE1 9UY. **Telephone:** 0207 921 8124, **Fax:** 0207 921 8130.
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Back ISSUES

Make your own pink pills

Jacqueline Wyatt

If you want somewhere to take the kids over Easter, you could go to the Bridewell Museum in Norwich.

On Thursday afternoons during the Easter holidays a 1930s chemist shop is open, together with a special exhibition called Dr Williams' Pink Pills for Pale People in which children can make their own pills and a packet to put them in. The pills, which did exist, were a cure for malaise during the Victorian period.

The lotions and potions in the pharmacy are authentic items collected from all over East Anglia by former Norfolk pharmacist John Newstead, who registered in 1955.

Hannah Maddox, the museum's curator of community history, said: "We have big carboys filled with coloured liquids, wooden drawers with delicate glass handles, weighing machines, eye test charts and everything to make drugs.

"We also have a big counter with a wooden roller that looks a bit like a flat rolling pin and the children will be invited to have a go and roll out some plasticine pink pills."

The children can also have some fun by enacting a character who would have lived in Norwich during the 1930s and discover what sort of illnesses they might have faced and talk to the pharmacist about remedies for smallpox and the plague.

The price of silence

Is nothing sacred in the world of corporate sponsorship? It seems not, for Sela-Cough, the West Bromwich producer of cough sweets, is sponsoring silence at the performances of *Eugene Onegin* at the Royal Opera House in Covent Garden.

In order to keep the 'cough' out of Tchaikovsky, ushers at the sales desks are providing free audience noise control devices (cough sweets to you and me) to opera-goers so that untimely barking and spluttering - the bane of performers' and audiences' lives - are a thing of the past. Now, if anyone can think of a way to silence rustling sweet wrappers and beeping mobile phones....

"*Silence sponsored by* Sela-Cough (0845 130 4553) Ushers at the sales desk can provide free cough sweets."

Icons and idols? Well ... maybe. But in this case it's the portraits in the background that qualify for the epithets, and not this brace of directors of the Royal Pharmaceutical Society. Beverley Parkin, director of public affairs, and Phil Green, deputy secretary and registrar and director of education and registration, are pictured at the new temporary exhibition 'Icons and idols' at the National Portrait Gallery. This was the venue for a party hosted by Luther Pendragon, the strategic communications consultancy which for many years has had pharmacy organisations among its clients

Appointment

SkyePharma's chief executive, **Frank Condella**, has been appointed to the board. He became chief executive on March 1 and was previously president of the European operations of Ivax, prior to its acquisition by Teva in 2005.

International biopharmaceutical firm Sosei, which acquired UK biopharmaceutical company Arakis last August, has made a number of changes to personnel. **Yoshiyuki Yamakawa** has been promoted to head of Japanese operations; **Hiroyuki Hanada** takes charge of special assignments; **Julian Gilbert** moves up from group director of commercial and strategic development to chief business officer and **Robin Bannister**, previously managing director of Arakis, takes the title of executive officer and executive vice-president, managing director of Arakis.

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